



IFW

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Attorney Docket No.	P1481 CIP (2650/148)
	Application Number	10/823,216
	Filing Date	APRIL 13, 2004
	First Named Inventor	RONAN ROGERS
	Group Art Unit	3731
	Examiner	MENDOZA, MICHAEL G.

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Amendment  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Extension of Time Request (duplic)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers  <input type="checkbox"/> Drawings:  <input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> To Convert a Provisional Application  <input checked="" type="checkbox"/> 37 C.F.R. 1.33 Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input checked="" type="checkbox"/> Post Card Receipt  <input type="checkbox"/> Additional Enclosure(s) (please identify below):  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 01-2525 (MEDTRONIC VASCULAR, INC.). A duplicate copy of this sheet is enclosed.		
<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 01-2525 (MEDTRONIC VASCULAR, INC.). A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

				Small Entity		Large Entity		
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus		0	x \$9=	0	x \$18=	
Indep.		Minus		0	x \$44=	0	x \$88=	
First Presentation of Multiple Dep. Claim					+ \$150=	—	+ \$300=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature		Date	November 3, 2004
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22202-1450 on this date: November 3, 2004			
Signature	 FRANK C. NICHOLAS (33,983)	Date:	November 3, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the  
United States Postal Service as first class mail in an envelope addressed to:  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22202-1450,  
on November 3, 2004  
(Date of Deposit)

FRANK C. NICHOLAS (33,983)

Name of applicant, assignee or  
Registered Representative

[Signature]  
Signature

November 3, 2004  
Date of Signature



PATENT  
**Case No. P1481 CIP**  
(2650/148)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

RONAN ROGERS, ET AL.

Serial No.: 10/823,216

Filed: APRIL 13, 2004

For: METHOD AND SYSTEM FOR STENT  
RETENTION USING AN ADHESIVE

Examiner: MENDOZA, MICHAEL G.

Group Art Unit: 3731

**37 C.F.R. 1.33  
CHANGE OF CORRESPONDENCE ADDRESS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22202-1450

Dear Sir:

Applicants request a change of correspondence address to:

**MEDTRONIC VASCULAR, INC.**

3576 Unocal Place  
Santa Rosa, CA 95403

Respectfully submitted,

Dated: **November 3, 2004**

[Signature]  
FRANK C. NICHOLAS  
Registration No. (33,983)  
Attorney for Applicants

CARDINAL LAW GROUP  
1603 Orrington Avenue, Suite 2000  
Evanston, IL 60201  
Tel: (847) 905-7111  
Fax: (847) 905-7113